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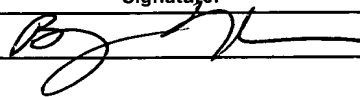
RCE / IPW  
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|--|----------------------|----------------------|
| <p align="center"><b>REQUEST<br/>FOR<br/>CONTINUED EXAMINATION (RCE)<br/>TRANSMITTAL</b></p> <p>Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.<br/>See The American Inventors Protection Act of 1999 (AIPA).</p> | Application Number   | 10/652,023           |
|  | Filing Date*         | September 2, 2003    |
|  | First Named Inventor | Chia-Chen LIAO et al |
|  | Group Art Unit       | 2851                 |
|  | Examiner Name        | W. DOWLING           |
|  | Attorney Docket No.  | LIAO3060/BEU         |

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.  
**NOTE:** \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. **The Amendment/Reply filed on (date): FILED CONCURRENTLY HEREWITH**
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The arguments in the Brief/Reply Brief filed on (date):
- ☐ d. The \_\_\_ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- ☐ e. Other:
- ☐ 2. A \_\_\_\_\_ month Petition for Extension of Time is filed herewith.
- ☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.
- ☒ 4. **A check in the amount of \$790.00 is submitted herewith.**
- ☐ 5. This Request is transmitted by facsimile to number (703) \_\_\_\_\_.
- ☐ 6. Other:

|   |                   |   |  |  |          |
|---|-------------------|---|--|--|----------|
| THE RCE FEE IS CALCULATED AS FOLLOWS:                   |                   |   |  | Basic Fee:                               | \$790.00 |
| Total Claims:   |                   | - | (highest number previously paid for) =   | X \$50 =                                 |          |
| Independent Claims:                                     |                   | - | (highest number previously paid for) =   | X \$200 =                                |          |
| Correspondence Address:<br><br>23364<br>Customer Number |                   |   |  | Multiple Dependent Claim (add \$360.00): |          |
|   |                   |   |  | Subtotal:                                | \$790.00 |
|   |                   |   |  | 50% Reduction if Small Entity Status:    |          |
| Phone: 703-683-0500 Fax: 703-683-1080                   |                   |   |  | Total:                                   | \$790.00 |
| Date:   | Name:             |   | Signature:   |  | Reg. No. |
| May 19, 2005  | Benjamin E. Urcia |   |  |  | 33,805   |

05/20/2005 JADD01 00000051 10652023  
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